

UNITED STATES DISTRICT COURT
FOR THE
DISTRICT OF MASSACHUSETTS

C.A. 04-30177-KPN

JOEL PENTLARGE,

Plaintiff,

vs.

ROBERT MURPHY,
KATHLEEN DENNEHY,
THE MASSACHUSETTS DEPARTMENT OF CORRECTION
NATALYA PUSHKINA, and
DEBORAH O'DONNELL,

Defendants.

Certificate of Service
OF NOTICE OF LAW-SUIT AND
REQUEST FOR WAIVER OF SERVICE OF SUMMONS

I, Joel Pentlarge, state under the pains and penalties of perjury that I have served the following:

1. A copy of the complaint,
2. A copy of the amended complaint,
3. A copy of the proposed supplemental complaint and the motion to supplement the complaint,
4. A copy of the Plaintiff's motion for preliminary injunction,
5. A Notice of Lawsuit and Request for Waiver of Service of Summons, a Waiver of Service of Summons form and a self addressed stamped envelope,

to each of the persons listed below by certified mail, return receipt requested, which were received on the dates shown the return receipts which are attached hereto:

FILED
U.S. DISTRICT COURT
DISTRICT OF MASSACHUSETTS
OCT 28 2004

Robert Murphy, Superintendent
Nemasket Correctional Center
30 Administration Rd.
Bridgewater, MA 02324 received on September 25, 2004

Kathleen Dennehy, Commissioner
Mass. Department of Correction
50 Maple St.
Milford, MA 01757 received on September 27, 2004

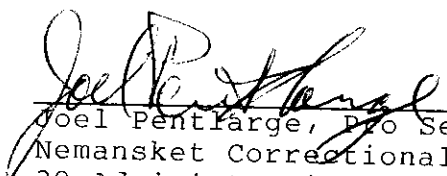
Attorney General Thomas Reilly
One Ashburton Place
Boston, MA 02108 received on September 27, 2004

Natalya Pushkina, Librarian
Nemasket Correctional Center
30 Administration Rd.
Bridgewater, MA 02324 received on October 13, 2004

Deborah O'Donnell, Director of Rehabilitation
Nemasket Correctional Center
30 Administration Rd.
Bridgewater, MA 02324 received on October 13, 2004.

I have also served each of the defendants with the
Notification and Consent to Proceed Before a U.S. Magistrate
Judge.

Signed under the pains and penalties of perjury this
20th day of October, 2004.


Joel Penttarge, Pro Se
Nemasket Correctional Center
30 Administration Rd.
Bridgewater, MA 02324

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>[Signature]</i> C. Date of Delivery <i>9/25</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>1. Article Addressed to: Superintendent Robert Murphy Nem. Cor. Cen. 30 Administration Rd. Bridgewater, MA 02324</p>		<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. </p>	
<p>2. Article Number (Transfer from service label)</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>PS Form 3811, August 2001</p>		<p>7003 1010 0002 6838 1477</p> <p>Domestic Return Receipt</p> <p>102595-02-M-1540</p>	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Michelle Farrell</i> C. Date of Delivery <i>9/27/04</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>1. Article Addressed to: Comm. Kathleen Denney Mass. Dept. of Corr. 50 Maple St. Milford, MA 01757</p>		<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. </p>	
<p>2. Article Number (Transfer from service label)</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>PS Form 3811, August 2001</p>		<p>7003 1010 0002 6838 1480</p> <p>Domestic Return Receipt</p> <p>102595-02-M-1540</p>	

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

A.G. THOMAS Reilly
One Ashburton Place
Boston, MA 02108

2. Article Number

(Transfer from service label)

7003 1010 0002 6838 1460

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

[Signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

- ☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

Natalya Pushkina, Lib.
Nemansket Corr. Center
30 Administration Rd.
Bridgewater, MA 02324

4a. Article Number

0869 177 708

4b. Service Type

- ☐ Registered ☐ Insured
☐ Certified ☐ COD
☐ Express Mail ☐ Return Receipt for Merchandise

7. Date of Delivery

5. Signature (Addressee)

[Signature]

6. Signature (Agent)

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address

2. ☐ Restricted Delivery

Consult postmaster for fee.

Is your RETURN ADDRESS completed on the reverse side?

PS Form 3811, December 1991

☆U.S. GPO: 1993-352-714

DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

Deborah O'Donnell
Nemansket Corr. Center
30 Administration Rd.
Bridgewater, MA 02324

4a. Article Number

P 150 758 336

4b. Service Type

- ☐ Registered ☐ Insured
☐ Certified ☐ COD
☐ Express Mail ☐ Return Receipt for Merchandise

7. Date of Delivery

5. Signature (Addressee)

[Signature]

6. Signature (Agent)

8. Addressee's Address (Only if requested and fee is paid)

Is your RETURN ADDRESS completed on the reverse side?

PS Form 3811, December 1991

☆U.S. GPO: 1993-352-714

DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.